

APPLICATION FOR REGISTRATION OF NEW PESTICIDE PRODUCT

Reg. Year

CAREFULLY READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REGISTRANT NAME (Exactly As Appears On Label)				Registrant State Company No.	
Mailing Address					
City				State	Zip +4
IS THIS A NEW ADDRESS? Yes No		Phone Number		Fax	

SUBMITTER NAME (if other than registrant)				Submitter State Company No.	
Mailing Address					
City				State	Zip +4
IS THIS A NEW ADDRESS?		Yes	No	Phone Number	Fax

Contact Name (printed)		Title
Signature	Date	E-mail

EPA Reg. No. (List in numerical order)	Pesticide Product Name From Final Printed Label	Use Class.	Category	Aquatic Herb.	Office Use Only

FEE CALCULATION (Make check payable to: **Treasurer, State of Maine**)

Number of New Products _____ x \$150.00 = _____

For Office Use Only

Check Number:	Amount:	Posted by:	Date Posted:	Processed by (Name/Title):	Date Processed:
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